

Certified Waterworks Operator / Backflow Prevention Assembly Tester

Reviewed by: _____

Organization Name				Name	
Organization Telephone				Email	
Organization Mailing Address				Telephone	
	City	State	Zip Code		

Building		Room Number	
Physical Address			
	City	State	Zip Code

Date	Time	CEU Hours	Topic(s)	Speaker and Organization
TOTAL Continuing Educational Units				

☐ Visual Aid(s) ☐ Power Point ☐ Hand Out ☐ Video ☐ Manual Name: _____

Email	water.reports@msdh.ms.gov	Fax	(601) 576-7800 OR (601) 576-7822	Mail U.S. Postal Service, UPS, FedEx, Etc.	<u>Mississippi State Department of Health</u> Bureau of Public Water Supply 570 E. Woodrow Wilson P.O. Box 1700, Jackson, MS 39215-1700
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DO NOT WRITE BELOW THIS LINE	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Training Code:	Reason:

Instructions

Training Submittal

PURPOSE

To review and approve or disapprove training session submitted to the Mississippi State Department of Health, Bureau of Public Water Supply for Continuing Education (CEUs) of Certified Waterworks Operators and training courses for Backflow Prevention Assembly Tester (BPAT) initially applying and/or renewing a current certification.

INSTRUCTIONS

This form must be completed by the entity at least forty-five (45) days prior to the scheduled training date.

Type Certification

1. Select type of profession to receive training. NOTE: A separate form must be filled out for each profession.

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2. For Mississippi State Department of Health, Bureau of Public Water Supply staff only – Initial document when reviewed.

SECTION I – Contact Information

3. Enter the organization that will perform training session.
4. Enter name of person filling out this form or person (speaker) that will perform training session.
5. Enter organization
6. Enter organization's mailing address.
7. Enter email address of person performing training session.

SECTION II – Training Location

8. Enter location of training to occur.
9. Enter number of the building or room number, if available.
10. Enter the physical address of the building of training to occur.

SECTION III – Training Schedule

11. Enter date of training session(s).
12. Enter time of training session(s).
13. Enter number of hours to offer.
14. Enter training theme – topic of training session(s).
15. Enter name of speaker(s) and name of organization.

SECTION IV – Training Material(s)

16. Select type(s) of material to use in the training session(s).

SECTION V – Submission Options. Select one (1) method ONLY.

17. Email (preferred) to the web link provided
18. Fax to number provided
19. Mail to the address provided

OFFICE MECHANICS AND FILING

After the Bureau of Water Supply staff member approves/disapproves the training session, a copy of the training submittal form is returned to the organization and the original submittal form is filed in a binder.

RETENTION PERIOD

This form must be retained for three (3) years or until audited.